

ROUTING SLIP FOR INVOICES

DATE September 18, 2017

CONTRACTOR Family Values

CFMS 200024088 234086

MONTH OF SERVICE August 2017

TO Robertson

INITIAL REVIEW CT

DATE 9-28-17

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2

D. Thomas

DATE 10/5/17

POSTED TO SPREADSHEET \_\_\_\_\_

SENT TO FISCAL 10-6-2017

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802


(O) 225.342.4051  
(F) 225.342.2536  
[www.dcfsls.gov](http://www.dcfsls.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

September 28, 2017

**MEMORANDUM**

**TO:** OM&F Fiscal  
Contract Payments

**FROM:** Dora Thomas   
Program Manager

**RE:** Invoice for payment  
PO #2000234086  
Family Values

Please find attached an invoice for payment.

If you have any questions, contact Charlene Trusclair (225) 342-5004.  
DT/ct

**Attachment**





**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**Received**  
 SEP 18 2017  
**DCFS**  
**Economic Stability**

Family Values Resource Institute, Inc,  
 Contractor Name  
 7515 Scenic Highway  
 Mailing Address  
 Baton Rouge, LA 70807  
 City, State, Zip  
 - Barbara Thomas / 225-359-9001  
 Contact Person/Telephone Number

AUGUST 2017  
 Service Period  
 2000234086  
 Contract/CFMS#  
 AUGUST 2017  
 Invoice Number  
 234086-0817

**EXPENDITURES**

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$14,374.99	\$28,749.99	\$143,750.01	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$1,630.09	\$2,729.77	\$19,505.48	
TRAVEL	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
OPERATING SERVICES	\$52,564.75	\$3,383.06	\$3,748.09	\$7,131.15	\$45,433.60	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$4,993.15	\$9,302.87	\$54,597.13	
OTHER CHARGES	\$216,000.00	\$14,200.00	\$13,200.00	\$27,400.00	\$188,600.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$37,367.46	\$37,946.32	\$75,313.78	\$453,886.22	\$ 0.00

**Contractor Certification**

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas*  
 Signature of Authorized Contractor Representative and Title

9/15/17  
 Date

**FOR DCFS USE ONLY**

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	4274	3740	5071		
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	Org	Obj	Rep Cat	Sub Obj	ACTV
	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Rosa Thomas Program Mgr</i> Signature and Title of Authorized DCFS Official				
					10/5/17 Date



**WHITNEY BANK**

P.O. Box 4019 Gulfport, MS 39502



Page: 1 of 1

Statements Dates

08/01/2017 - 08/31/2017

Account Number:

Images:

Return Service Requested

1925

110000 001

FAMILY VALUES RESOURCE INSTITUTE INC

RESTRICTED FUNDS

P O BOX 74403

BATON ROUGE LA 70874

**\*ZERO CHECKS\* E0**

**WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.  
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.**

\*\*\*\*\* CHECKING ACCOUNT SUMMARY \*\*\*\*\*

Checking Account Summary

PREVIOUS BALANCE

+

AVERAGE BALANCE

-

YTD INTEREST PAID

+

ENDING BALANCE

\*\*\*\*\* CHECKING ACCOUNT TRANSACTIONS \*\*\*\*\*

• Deposits and Other Credits

Date Amount Description

Date Amount Description



110000001

• Other Debits

Date Amount Description

8/13 payroll

↓  
Date Amount Description  
08/14 6,815.95 PAYROLL PAYCHEX INC.

08/29 7,394.18 PAYROLL PAYCHEX INC.

8/30 payroll

• Balance By Date

Date Balance

Date

Balance

Date

Balance

# PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 100 STAFF BI-WEEKLY							
Brown, Patricia A	LAL Hours			1,041.66			
35 <i>Debra Entry</i>							
Davis, Allison	LAL Hours	EMPLOYEE TOTAL		1,041.66			
37 <i>Education Specialist</i>							
Davis, Talisha	Fvri	EMPLOYEE TOTAL		1,041.66			
4 <i>Compliance Coordinator</i>	LAL Hours			437.50			
				1,020.83			
Ferris, Michael A	Fvri	EMPLOYEE TOTAL		1,458.33			
5 <i>Project Administrator</i>	LAL Hours			458.40			
				1,166.67			
		EMPLOYEE TOTAL		1,625.07			
Thomas, Barbara J							
11 <i>Project Director</i>	Fvri	EMPLOYEE TOTAL		208.34			
	LAL Hours			1,875.00			
Walker, Shirley	LAL Hours	EMPLOYEE TOTAL		2,083.34			
12 <i>Client Svcs Coordinator</i>				1,041.66			
		EMPLOYEE TOTAL		1,041.66			
100 STAFF BI-WEEKLY TOTALS							
7 Person(s)	Fvri						
7 Transaction(s)	LAL Hours		14.00	1,373.46			
				7,187.48			

0060 0060-T846 Family Values Resource Institute Inc  
Run Date 08/10/17 12:41 PM

Period Start - End Date  
Check Date

08/01/17 - 08/15/17  
08/15/17

Payroll Journal  
Page 1 of 2  
PYRJRN

# PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
100 STAFF BI-WEEKLY TOTAL			14.00	8,560.94			
					Fed Income Tax 639.11 LA Income Tax 228.00 Employer Liabilities 1,522.00	222.99 Net Pay	6,815.95
					Social Security 530.77 Medicare 124.12		
					TOTAL EMPLOYER LIABILITY 654.89 TOTAL TAX LIABILITY 2,176.89		
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp					Deduction 20.10 Direct Deposit # 431 Check Amt Chkg 0010 0.00 1,646.57	20.10 Net Pay 1,646.57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	EMPLOYEE TOTAL			1,666.67			
	1099 Misc Comp			1,666.67		Deduction 20.10 Check Amt Dir Dep 0.00 1,646.57	20.10 Net Pay 1,646.57
	300 1099 TOTAL			1,666.67			
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvri LAL Hours 1099 Misc Comp		14.00	1,373.46 7,187.48			
					Social Security 530.76 Medicare 124.13 Fed Income Tax 639.11 LA Income Tax 228.00	20.10 Deduction 222.99 STD Post-Tax Dir Dep	20.10 Check Amt 8,462.52
	COMPANY TOTAL		14.00	8,560.94	1,522.00 Employer Liabilities Social Security 530.77 Medicare 124.12	243.09 Net Pay	8,462.52
					TOTAL EMPLOYER LIABILITY 654.89 TOTAL TAX LIABILITY 2,176.89		
(IC) = Independent Contractor							

## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS				
**** 100 STAFF BI-WEEKLY								
Brown, Patricia A 35 Data Entry	LAL Hours			1,041.67	Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 97.14 26.00	STD Post-Tax 36.72	Direct Deposit # 6708 Check Amt Chkg 0017 802.12
EMPLOYEE TOTAL				1,041.67		202.83		
Davis, Allison 37 Education Specialist	LAL Hours			1,041.67	Social Security Medicare LA Income Tax	64.58 15.10 25.00	STD Post-Tax 25.97	Direct Deposit # 6709 Check Amt Chkg 3799 911.02
EMPLOYEE TOTAL				1,041.67		104.68		
Davis, Tanisha 4 Compliance Coordinator	Fvri LAL Hours			437.50 1,020.84	Social Security Medicare Fed Income Tax LA Income Tax	90.42 21.14 76.04 30.00	STD Post-Tax 99.29	Direct Deposit # 6710 Check Amt Chkg 0014 1,141.45
EMPLOYEE TOTAL				1,458.34		217.60		
Ferris, Michael A 5 Project Administrator	Fvri LAL Hours			1,100.16 1,166.67	Social Security Medicare Fed Income Tax LA Income Tax	140.55 32.87 247.11 78.00		Direct Deposit # 6711 Check Amt Chkg 1002 1,768.30
EMPLOYEE TOTAL				2,266.83		498.53		Net Pay Direct Deposit # 6712 Check Amt Chkg 5358 1,768.30
Thomas, Barbara J 11 Project Director	Fvri LAL Hours			206.34 1,875.00	Social Security Medicare Fed Income Tax LA Income Tax	129.17 30.21 194.27 65.00	STD Post-Tax 48.00	Net Pay Direct Deposit # 6713 Check Amt Chkg 0016 1,616.69
EMPLOYEE TOTAL				2,081.34		418.65		
Walker, Shirley 12 Client Services Coordinator	LAL Hours			1,041.67	Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.11 118.34 26.00	STD Post-Tax 13.02	Net Pay Direct Deposit # 6714 Check Amt Chkg 2191 804.61
EMPLOYEE TOTAL				1,041.67		224.04		
100 STAFF BI-WEEKLY TOTALS								
7 Person(s) 7 Transaction(s)	Fvri LAL Hours		21.00	2,149.83 7,187.52	Social Security Medicare	578.93 135.38	STD Post-Tax 223.00	Check Amt Dir Dep 0.00 7,394.18
0060 0060-T246 Family Values Resource Inc dba Inc								

# PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
100 STAFF BI-WEEKLY TOTAL			21.00	9,337.35			
					Fed Income Tax 748.86 LA Income Tax 257.00 Employer Liabilities 1,720.17	223.00 Net Pay	7,394.18
					Social Security 578.91 Medicare 135.39		
					TOTAL EMPLOYER LIABILITY 714.30 TOTAL TAX LIABILITY 2,434.47		
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp					Deduction 20.10 Direct Deposit # 437 Check Amt 0.00 Chkg 0010 1,646.57	
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	EMPLOYEE TOTAL			1,666.67		20.10 Net Pay	1,646.57
	1099 Misc Comp			1,666.67		Deduction 20.10 Check Amt 0.00 Dir Dep 1,646.57	
	300 1099 TOTAL			1,666.67		20.10 Net Pay	1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvri LAL Hours 1099 Misc Comp		21.00	2,149.83 7,187.52			
					Social Security 578.93 Medicare 135.38 Fed Income Tax 748.86 LA Income Tax 257.00	Deduction 20.10 STD Post-Tax 223.00 Dir Dep	0.00 9,040.75
					Employer Liabilities 1,720.17		
	COMPANY TOTAL		21.00	9,337.35		243.10 Net Pay	9,040.75
(IC) = Independent Contractor					Social Security 578.91 Medicare 135.39		
					TOTAL EMPLOYER LIABILITY 714.30 TOTAL TAX LIABILITY 2,434.47		



FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-w  
eekly  
EE ID: 11 DD

BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

Project Director  
90%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Barbara J Thomas  
7081 Modesto Ave  
Baton Rouge, LA 70811  
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 08/01/17 to 08/15/17  
Check Date: 08/15/17 Check #: 6706

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.70	24387.12
<b>NET PAY</b>	<b>1616.70</b>	<b>24387.12</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			208.34		3093.37
LAL Hours			1875.00		27839.93
Tpp					
<b>Total Hours</b>					
<b>Gross Earnings</b>			2083.34		30933.30
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		129.16	1917.86
Medicare		30.21	448.53
Fed Income Tax	M 1	194.27	2997.79
LA Income Tax	S 0 1	65.00	1038.00

**TOTAL**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
<b>TOTAL</b>	418.64	6402.18

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	144.00
<b>TOTAL</b>	48.00	144.00

Salary

Stub 1 2083.34

Stub 2 2083.34

4166.68 ✓

x 90%

\$ 3750.00 ✓

grant  
amt

Fringe

3750.00

x 7.65%

\$ 286.88 ✓

grant amt

**NET PAY**

THIS PERIOD (\$)  
1616.70

YTD (\$)  
24387.12

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 11 DD

BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

Project Director

90%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Barbara J Thomas  
7081 Modesto Ave  
Baton Rouge, LA 70811  
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 08/16/17 to 08/31/17

Check Date: 08/30/17 Check #: 6713

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.69	26003.81
<b>NET PAY</b>	<b>1616.69</b>	<b>26003.81</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			208.34		3301.71
LAL Hours			1875.00		29714.93
Tpp					
<b>Total Hours</b>					
<b>Gross Earnings</b>			2083.34		33016.64
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		129.17	2047.03
Medicare		30.21	478.74
Fed Income Tax	M 1	194.27	3192.06
LA Income Tax	S 0 1	65.00	1103.00
<b>TOTAL</b>		<b>418.65</b>	<b>6820.83</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	192.00
<b>TOTAL</b>	<b>48.00</b>	<b>192.00</b>

see stub 1 for calculations

**NET PAY**

THIS PERIOD (\$)  
1616.69

YTD (\$)  
26003.81

Payroll by Paychex, Inc.



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas

Month/Year: Aug-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

#### Sponsored Project: Work Performed

#### LA Alliance for Life - Project Director - % of Time

Develop /Maintain relationships with partner pregnancy centers	20%
Supervise program operations for the Women's Help Center	15%
Counsel women at the Women's Help Center - Pregnancy Test, Abstinence, Etc.	0%
Compliance: Oversee compliance for all subcontractors	25%

Total % of Time  
on Project:

#### Sponsored Project: Work Performed

Worked closely with Program Evaluator to implement evaluation plan	10%
Review and approve timesheets, employee absences, etc.	5%
Review and approve Financial transactions, i.e., vendor and subcontractor payments, etc.	5%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%

Total % of Time  
on Project: 90%

#### Sponsored Project: Work Performed

#### Family Values Resource Institute, Inc. % of Time

Attending Board Planning	
Staff Trainings/Meeting	
Fundraising Planning	

Total % of Time  
on Project: 10%

Barbara J Thomas  
Employee Signature - Barbara Thomas, LAL Project Director

Gail Hollins  
Approval Signature - Gail Hollins, Board Vice President

9/14/17  
Date

09/14/2017  
Date

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 5 DD

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator

80%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Michael A Ferris  
17714 Nine Oaks Ave  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 08/01/17 to 08/15/17  
Check Date: 08/15/17 Check #: 6704

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1297.92	17517.99
<b>NET PAY</b>	<b>1297.92</b>	<b>15946.66</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			458.40	56.00	5184.79
LAL Hours			1166.67		16805.10
<b>Total Hours</b>				56.00	
<b>Gross Earnings</b>			1625.07		21989.89
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		100.75	1363.37
Medicare		23.56	318.85
Fed Income Tax	M 0	150.84	2089.68
LA Income Tax	S 0 0	52.00	700.00
<b>TOTAL</b>		<b>327.15</b>	<b>4471.90</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
<b>TOTAL</b>		<b>1571.33</b>

Salary :

Stub 1 1625.07

Stub 2 2266.83

3891.90 ✓

x 80%

3113.52

Contract Amt

\$ 2,333.34 ✓

Fringe :

2333.34

x 7.65%

\$ 178.50 ✓

↑  
grant  
amt

**NET PAY**

THIS PERIOD (\$)  
1297.92

YTD (\$)  
15946.66

Payrolls by Paychex, Inc

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 5 DD

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator

80%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Michael A Ferris  
17714 Nine Oaks Ave  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 08/16/17 to 08/31/17  
Check Date: 08/30/17 Check #: 6711

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1768.30	19286.29
<b>NET PAY</b>	<b>1768.30</b>	<b>17714.96</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			1100.16	56.00	6284.95
LAL Hours			1166.67		17971.77
<b>Total Hours</b>				56.00	
<b>Gross Earnings</b>			2266.83		24256.72
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		140.55	1503.92
Medicare		32.87	351.72
Fed Income Tax	M 0	247.11	2336.79
LA Income Tax	S 0 0	78.00	778.00
<b>TOTAL</b>		<b>498.53</b>	<b>4970.43</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
<b>TOTAL</b>		<b>1571.33</b>

See Stub 1 for  
calculations

**NET PAY**

THIS PERIOD (\$)  
1768.30

YTD (\$)  
17714.96



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: August 2017

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

#### Sponsored Project:

**Louisiana Alliance For Life**

##### List Major Work Performed

	% of Time
Collect, Review and Approve Subcontractor Reimbursements	40%
Fielding and Answering Calls and emails from Subcontractors	20%
Researching and Correcting Problems-closing one sub-contractor's center	15%
Working to bring on 2 new sub-contractors	25%

Total % of Time  
on Project: 100%

#### Sponsored Project:

**Louisiana Alliance For Life - continued**

##### List Major Work Performed

	% of Time

Total % of Time  
on Project: 100%

#### Sponsored Project:

##### List Major Work Performed

	% of Time

Total % of Time  
on Project:

Employee Signature

Date

Approval Signature

Date

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG: 100 Staff Bi-weekly  
EE ID: 37 DD

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

Education Specialist

100%

Step 1

**PERSONAL AND CHECK INFORMATION**

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 08/01/17 to 08/15/17  
Check Date: 08/15/17 Check #: 6702

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	6956.87
<b>NET PAY</b>	<b>911.01</b>	<b>6956.87</b>

Salary

Step 1 1041.66  
Step 2 1041.67  
\$2083.33 ✓  
↑  
Grant Amt

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		7812.43
<b>Total Hours</b>					
<b>Gross Earnings</b>			1041.66		7812.43
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	484.37
Medicare		15.10	113.28
LA Income Tax	S 2 1	25.00	180.00
<b>TOTAL</b>		<b>104.68</b>	<b>777.65</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	77.91
<b>TOTAL</b>	<b>25.97</b>	<b>77.91</b>

Fringe

2083.33  
x 7.65%

\$159.37 ✓  
↑  
Grant Amt.

**NET PAY**

**THIS PERIOD (\$)**  
911.01

**YTD (\$)**  
6956.87

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 37

DD

Education Specialist

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 08/16/17 to 08/31/17

Check Date: 08/30/17 Check #: 6709

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.02	7867.89
<b>NET PAY</b>	<b>911.02</b>	<b>7867.89</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.67		8854.10
<b>Total Hours</b>					<b>8854.10</b>
<b>Gross Earnings</b>			1041.67		8854.10
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	548.95
Medicare		15.10	128.38
LA Income Tax	S 2 1	25.00	205.00

<b>TOTAL</b>		104.68	882.33
--------------	--	--------	--------

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	103.88
<b>TOTAL</b>	<b>25.97</b>	<b>103.88</b>

See Stub 1 for calculations

**NET PAY**

THIS PERIOD (\$)  
911.02

YTD (\$)  
7867.89

Payroll by Paychex, Inc





### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: Aug-17

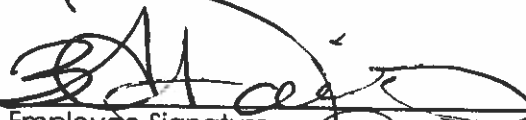
Provide a breakdown of your responsibilities for this month. Keep in mind:

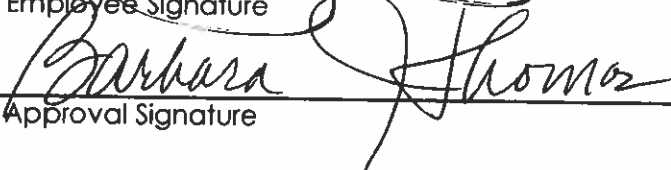
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>LA Alliance For Life</b>
<i>List Major Work Performed</i>		<b>% of Time</b>
made phone calls to provide client follow ups		25%
prenatal classes		75%
preparing gift packages for prenatal graduate		10%
		<b>Total % of Time on Project:</b> 100%

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	<b>% of Time</b>
<b>Total % of Time on Project:</b>	

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	<b>% of Time</b>
<b>Total % of Time on Project:</b>	

  
Employee Signature

  
Approval Signature

9/13/2017  
Date

9/13/17  
Date

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 4 DD

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

Compliance  
Coordinator

70%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 08/01/17 to 08/15/17  
Check Date: 08/15/17 Check #: 6703

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.45	15726.96
<b>NET PAY</b>	<b>1141.45</b>	<b>15726.96</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			437.50		5764.06
LAL Hours			1020.83		13449.39
<b>Total Hours</b>					
<b>Gross Earnings</b>			1458.33		19213.45
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.41	1191.23
Medicare		21.15	278.60
Fed Income Tax	M 2	76.04	1367.09
LA Income Tax	M 0 2	30.00	451.00
<b>TOTAL</b>		217.60	3287.92

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.28	198.57
<b>TOTAL</b>	99.28	198.57

Salary:

Stub 1 1458.33  
Stub 2 1458.34  
2916.67 ✓  
x 70%  
\$ 2041.67 ✓  
↑  
grant Amt

Fringe:

2041.67  
x 7.65%  
\$ 156.19 ✓  
↑  
grant Amt.

**NET PAY**

THIS PERIOD (\$)	YTD (\$)
1141.45	15726.96

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 4 DD

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

Compliance  
Coordinator

7/8/10

Stub 2

**PERSONAL AND CHECK INFORMATION**

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 08/16/17 to 08/31/17  
Check Date: 08/30/17 Check #: 6710

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.45	16868.41
<b>NET PAY</b>	<b>1141.45</b>	<b>16868.41</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			437.50		6201.56
LAL Hours			1020.84		14470.23
<b>Total Hours</b>					
<b>Gross Earnings</b>			1458.34		20671.79
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	1281.65
Medicare		21.14	299.74
Fed Income Tax	M 2	76.04	1443.13
LA Income Tax	M 0 2	30.00	481.00
<b>TOTAL</b>		<b>217.60</b>	<b>3505.52</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.29	297.86
<b>TOTAL</b>	<b>99.29</b>	<b>297.86</b>

See stub 1 for  
calculations

**NET PAY**

THIS PERIOD (\$)  
1141.45

YTD (\$)  
16868.41



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Aug-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>LA Alliance For Life</b>
<i>List Major Work Performed</i>		<i>% of Time</i>
Reviewing and Revising Compliance Forms		25
Communication w/ Sub-Contractors- questions, expectations, & set up site visits		20
Compliance Reviews (filling out forms correctly, expectation, documentation, etc)		25
<b>Total % of Time on Project:</b>		<b>70</b>

<b>Sponsored Project:</b>		<b>Family Values Resource Institute</b>
<i>List Major Work Performed</i>		<i>% of Time</i>
Counseling Clients - Pregnancy Testing & providing referrals as needed		5
Fundraising Banquet Planning & Update and Revise YP Ad		15
Revisions for Women's Help Center Website		10
<b>Total % of Time on Project:</b>		<b>30</b>

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>		<i>% of Time</i>
<b>Total % of Time on Project:</b>		

Talisha Davis  
Employee Signature

Barbara Thomas  
Approval Signature

9/14/17  
Date

9/14/17  
Date

G

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 35 DD

PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Patricia A Brown  
6555 E Monarch  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 08/01/17 to 08/15/17  
Check Date: 08/15/17 Check #: 6701

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	802.12	11308.53
NET PAY	802.12	11308.53

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66		14436.36
Total Hours					14436.36
Gross Earnings			1041.66		14436.36
Total Hrs Worked					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	895.05
Medicare		15.11	209.33
Fed Income Tax	S 1	97.13	1515.28
LA Income Tax	S 0 1	26.00	398.00
TOTAL		202.82	3017.66

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	110.17
TOTAL	36.72	110.17

Salary

Stub 1 1041.66

Stub 2 1041.67

\$ 2083.33

grant amt

Fringe

2083.33

x 7.05%

\$159.37

grant amt

**NET PAY**

THIS PERIOD (\$)  
802.12

YTD (\$)  
11308.53

Payroll by Paychex, Inc

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTEINC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 35 DD

PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Patricia A Brown  
6555 E Monarch  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 08/16/17 to 08/31/17

Check Date: 08/30/17 Check #: 6708

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	802.12	12110.65
NET PAY	802.12	12110.65

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours					
Total Hours			1041.67		15478.03
Gross Earnings					
Total Hrs Worked			1041.67		15478.03

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	959.64
Medicare		15.10	224.43
Fed Income Tax	S 1	97.14	1612.42
LA Income Tax	S 0 1	26.00	424.00

**TOTAL**

202.83 3220.49

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	146.89
TOTAL	36.72	146.89

See Stub 1 for calculations

**NET PAY**

THIS PERIOD (\$)  
802.12

YTD (\$)  
12110.65

Payroll by Paychex, Inc

### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

**Name:** Patricia Brown

**Month/Year:** Aug-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

**Sponsored Project:**

**Louisiana Alliance For Life**

*List Major Work Performed*

	% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports	50%
Receptionist Duties - Answer phone and schedule appointments	15%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	15%
Counselor Training - 3 days w/Executive Director	10%
<b>Total % of Time on Project:</b>	
100%	

**Sponsored Project:**

*List Major Work Performed*

	% of Time
<b>Total % of Time on Project:</b>	

**Sponsored Project:**

*List Major Work Performed*

	% of Time
<b>Total % of Time on Project:</b>	

Employee Signature

Approval Signature

9-13-17  
Date

9-13-17  
Date

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 12 DD

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Sres. Coordinator

100%

Step 1

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 08/01/17 to 08/15/17  
Check Date: 08/15/17 Check #: 6707

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.63	14372.24
<b>NET PAY</b>	<b>804.63</b>	<b>14372.24</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.66	63.00	18774.74
<b>Total Hours</b>				63.00	
<b>Gross Earnings</b>			1041.66		18774.74
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.58	1164.03
Medicare		15.10	272.23
Fed Income Tax	S 1 +\$21.20	118.33	2271.96
LA Income Tax	S 0 1	26.00	512.00
<b>TOTAL</b>		<b>224.01</b>	<b>4220.22</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	182.28
<b>TOTAL</b>	<b>13.02</b>	<b>182.28</b>

Salary

Step 1 1041.66  
Step 2 1041.67  
\$2083.33  
↑  
grant amt

Fringe

2083.33  
x 7.65%  
\$159.37  
↑  
grant amt.

**NET PAY**

THIS PERIOD (\$)  
804.63

YTD (\$)  
14372.24



FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 12 DD

Client Srvc. Coordinator

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 08/16/17 to 08/31/17

Check Date: 08/30/17 Check #: 6714

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.61	15176.85
<b>NET PAY</b>	<b>804.61</b>	<b>15176.85</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.67	63.00	19816.41
<b>Total Hours</b>				63.00	
<b>Gross Earnings</b>			1041.67		19816.41
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	1228.62
Medicare		15.11	287.34
Fed Income Tax	S 1 +\$21.20	118.34	2390.30
LA Income Tax	S 0 1	26.00	538.00
<b>TOTAL</b>		<b>224.04</b>	<b>4444.26</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	195.30
<b>TOTAL</b>	<b>13.02</b>	<b>195.30</b>

see stub 1  
for calculations

**NET PAY**

THIS PERIOD (\$)  
804.61

YTD (\$)  
15176.85

Printed by Paychex, Inc.



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Aug-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

#### Sponsored Project:

List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	75%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	10%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

#### Sponsored Project:

List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project:	

100%

#### Sponsored Project:

List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker

Employee Signature

Barbara Thomas

Approval Signature

9-15-17

Date

9/15/17

Date

# Fringe Proof of Payment - 8/15 Payroll

**Account Details**

Nickname: Community Resource Checking - 0000  
Account Number:  
Current Balance:  
Available Balance:  
As of Date: 08/21/2017  
Earning YTD:  
Last Year Interest:

**Posted Transactions**

Date	Check Number	Transaction Type	Description	Debit	Credit
08/18/2017		ACH Debit	USATAXPYMT IRS	\$1,948.89	

941 Tax Payment

**Deposit Confirmation**

Your payment has been accepted.

**Payment Successful**

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records

**REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!**

<b>EFT ACKNOWLEDGEMENT NUMBER:</b>	270763091692118
------------------------------------	-----------------

**PLEASE NOTE**

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only

Payment Information		Entered Data
Taxpayer EIN		xxxxx5039
Tax Form		941 Employers Federal Tax
Tax Type		Federal Tax Deposit
Tax Period		Q3/2017
Payment Amount		\$1,948.89
Settlement Date		08/18/2017
Subcategories:		
1 Social Security		\$1,061.53
2 Medicare		\$248.25
3 Tax Withholding		\$639.11
Account Number		xxxx0000
Account Type		CHECKING
Routing Number		065400153
Bank Name		WHITNEY BANK

Range not at payment - 8/15 August

PAYCHEX, INC.  
401 WHITNEY AVENUE SUITE 200  
GRETN LA 70056  
(844) 729-9247

**Soc Sec and Med and Federal Withholding Tax**

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.  
Non-mandated: Initiate a 941 payment for the specified quarter at [www.eftps.gov](http://www.eftps.gov) at least one banking day before the due date.

Deposit Period:	08/12/17 - 08/15/17	Employee Social Security	530.76
Amount Due:	\$1,948.89	Employee Medicare	124.13
Due Date:	08/18/17	Employer Social Security	530.77
Quarter:	3	Employer Medicare	124.12
		Federal Withholding	639.11
Date Paid:	8/15/17 (post date 8/18)	Federal ID:	72-1415039
Check Number:	PA. 000000	Last Check Date:	08/15/17

**IMPORTANT REMINDERS**

- \*\*\* You are scheduled to report your next payroll on Mon 08/28/17.
- \*\*\* In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- \*\*\* Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-222-1341

0060-T846

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 74403  
BATON ROUGE LA 70874-4403

IRS



0060-0060T846-002-222-1341

AYCHEX, INC.  
401 WHITNEY AVENUE SUITE 200  
GRETNAL 70056  
(844) 729-9247

Fringe Profit of Payment - 8/30 Payroll

**IMPORTANT REMINDERS**

- ... You are scheduled to report your next payroll on Wed 09/13/17.
- ... In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- ... Payments made by EFT must be initiated one day prior to the due date.

**Soc Sec and Med and Federal Withholding Tax**

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.  
Non-mandated: Initiate a 941 payment for the specified quarter at [www.efps.gov](http://www.efps.gov) at least one banking day before the due date.

Deposit Period:	08/30/17 - 09/01/17	Employee Social Security	578.93
Amount Due:	\$2,177.47	Employee Medicare	135.38
Due Date:	09/07/17	Employer Social Security	578.91
Quarter:	3	Employer Medicare	135.39
		Federal Withholding	748.86

Date Paid: 9/14/17 (not paid online)  
Check Number: 72-1415039  
Federal ID: 72-1415039  
Last Check Date: 08/30/17



0060-0060T846-002-240-1228

0060-7846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 74403  
BATON ROUGE LA 70874-4403



0060-0060T846-002-240-1228

# Fringe Proof of Payment - 8/30 Payroll

## Pending Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
------	--------------	------------------	-------------	-------	--------

## Account Details

Nickname: Community Resource Checking - 0000  
 Account Number:  
 Current Balance:  
 Available Balance:  
 As of Date: 09/14/2017  
 Earning YTD:  
 Last Year Interest:

## Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
09/07/2017		ACH Debit	USATAXPYMT IRS	\$2,177.47	

941 Tax Payment

# Fringe Proof of Payment - 8/30 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

## Deposit Confirmation

Your payment has been accepted.

## Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

**REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!****EFT ACKNOWLEDGEMENT NUMBER:**

270765013516623

### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
<b>Taxpayer EIN</b>	xxxxx5039
<b>Tax Form</b>	941 Employers Federal Tax
<b>Tax Type</b>	Federal Tax Deposit
<b>Tax Period</b>	Q3/2017
<b>Payment Amount</b>	\$2,177.47
<b>Settlement Date</b>	09/07/2017
<b>Subcategories:</b>	
<b>1 Social Security</b>	\$1,157.84
<b>2 Medicare</b>	\$270.77
<b>3 Tax Withholding</b>	\$748.86
<b>Account Number</b>	xxxx0000
<b>Account Type</b>	CHECKING
<b>Routing Number</b>	065400153
<b>Bank Name</b>	WHITNEY BANK





FAMILY VALUES RESOURCE INSTITUTE, INC

P.O. Box 74403  
Baton Rouge, LA 70874  
225-355-2725 Office 225-355-2742 Fax  
www.FVRI.org

Rent

# INVOICE

INVOICE #: 201709

INVOICE DATE: 8/1/2017

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
<b>TOTAL</b>	<b>\$ 1,200.00</b>

Rent



**FAMILY VALUES RESOURCE INSTITUTE INC.**  
**DBA LOUISIANA ALLIANCE FOR LIFE**  
 PO BOX 74403 PH. 225-359-9001  
 BATON ROUGE, LA 70874-4403

WHITNEY BANK  
 Member FDIC / whitneybank.com

1555

84-15554

9/12/2017

PAY TO THE  
 ORDER OF Family Values Resource Institute, Inc

\$ \*\*1,200.00

One Thousand Two Hundred and 00/100\*\*\*\*\*

DOLLARS ☒

Family Values Resource Institute, Inc  
 7515 Scenic Highway  
 Baton Rouge, LA 70807

MEMO

LAL Rent

*Barbara J. Thomas*  
 AUTHORIZED SIGNATURE

⑈001555⑈ ⑆065400153⑆

Details on Back

Security Features Included

091217 . 97060001459809 . >065503681<

PAY TO THE ORDER OF  
 WHITNEY BANK  
 BATON ROUGE, LA 70801-0001  
 601-401-1555  
 FOR DEPOSIT ONLY  
 FAMILY VALUES RESOURCE  
 INSTITUTE, INC.  
 RESTRICTED FUND  
 15550000



**Internet**

**Meter Reading (Contract 3288046 )**

Meter # F130154	Rate : GS_SGS	
Total Days ( 30 )		
Current Meter Reading	(08/23/2017)	79216
Previous Meter Reading	(07/24/2017)	- 76747
kWh Metered		
kW Metered		2469
		11.00

**Meter Reading (Contract 3288047 )**

Meter # X134359	Rate : GG_G1A	
Total Days ( 30 )		
Current Meter Reading	(08/23/2017)	9305
Previous Meter Reading	(07/24/2017)	- 9299
CCF Metered		



Chase Online

Utilities

\$276.17

BUSINESS CLASSIC ( . 8002)

Check Number: 4877

Post Date: 09/11/2017

Amount of Check: \$345.21

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families for 25 Years P.O. Box 8103 Baton Rouge, LA 70801-8103 225.759.9001		CHASE  BUSINESS Premier Chase Bank, N.A. Member FDIC 84-137884	4877
PAY TO THE ORDER OF Energy		9/8/2017	
Three Hundred Forty-Five and 21/100		\$ 345.21	
Energy PO Box 8103 Baton Rouge, LA 70801-8103 United States		DD: LAWS	
Attn: NO		Signature:	
Acct # 32078008			

⑈004877⑈ ⑆065400⑆37⑈

Need help printing or saving this check?

091117 5131601 00032078008 0254751310601 CHECK21  
DEPOSIT ONLY ENTERGY SERVICES INC  
JPA\*ORGANIZATION >11900057<

Need help printing or saving this check?

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Utilities  
80%

Baton Rouge Water Company  
8755 Goodwood Boulevard  
Office Hours: 8:30 a.m. - 5:00 p.m.  
Monday - Friday (excluding holidays)  
Customer Service: (225) 925 - 2011

Account Number	Service Address	Reading Date
01 01 03 354 0008 02	07515 SCENIC HWY	AUG 04 2017

Baton Rouge Water Company			
Meter Readings		MINIMUM	Amount
Current	Previous	100 Cubic Feet	
Billing Summary for Water Service:			
1154	1153	1	8.52
CITY EXCISE TAX			.43
LA SALES TAX			.36
LA DHH OPH SDWA FEE			1.00
AUGUST 2016 FLOOD			
RECOVERY SURCHARGE			.04
Amount for Water Service:			10.35
TOTAL AMOUNT DUE BY AUG 29 2017			\$10.35

10.35  
x 80%  
8.28

Pay Online @ [WWW.BRWATER.COM](http://WWW.BRWATER.COM)  
Password: 70807 Acct. No.: 010103354000802

Please Return This Stub With Payment

Baton Rouge Water Company  
P.O. Box 96016  
Baton Rouge, LA 70896-9016

AMOUNT DUE BY AUG 29 2017 \$10.35  
AMOUNT DUE AFTER AUG 29 2017 \$10.78

AMOUNT ENCLOSED

\$

For your convenience, please make  
one check or money order payable to:  
UTILITY PAYMENT PROCESSING  
03 01 3 354000802

UTILITY PAYMENT PROCESSING  
P O BOX 96025  
BATON ROUGE LA 70896-9025

FAMILY VALUES RESOURC  
P O BOX 74403  
BATON ROUGE LA 70874-4403

FOR MAILING AND  
PHONE NUMBER  
CHANGES CHECK HERE  
AND PROVIDE ON BACK

301010335400080200001035000010782

Chase Online

Utilities \$8.28

BUSINESS CLASSIC (...8002)

Check Number: 4867

Post Date: 08/25/2017

Amount of Check: \$10.35

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> <small>Saving Families For Over 20 Years P.O. BOX 96025 BATON ROUGE, LA 70896-0025</small>		<b>CHASE <small>ON</small> BUSINESS</b> <small>Check Number 4867</small>	<b>4867</b>
<b>PAY TO THE ORDER OF</b> Utility Payment Processing		<b>8/23/2017</b>	
<b>Ten and 35/100</b>		<b>\$ 10.35</b>	<b>DOLLARS</b>
Utility Payment Processing PO Box 96025 Baton Rouge, LA 70896-0025 United States		<i>Brian J. Thomas</i> Signature	
<b>MEMO</b> WHC Water Bill			
⑆004867⑆ ⑆065400137⑆			

Need help printing or saving this check?

08874 360 082517 car Pay to the Order Of
354000802 01 Within Named Payee 8755A
354000802 01
010103354000802 008874 360

Need help printing or saving this check?

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**Scott Baily Enterprises, Inc.**

11310 Industriplex Blvd Baton Rouge, LA 70809  
P: 225-753-2679 F: (225) 751-7128

**CONTRACT INVOICE**

Invoice Number: 145647  
Invoice Date: 08/29/2017

*Printing*

**Bill To:** FAMILY VALUES RESOURCE INSTITUTE, INC  
N BR WOMEN'S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

**Customer:** FAMILY VALUES RESOURCE INSTITUTE, INC  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

Account No		Payment Terms	Due Date	Invoice Total	Balance Due	
BR2929		Net 30 Days	09/28/2017	\$100.22	\$100.22	
Contract Number	Contact		Contract Amount	P.O. Number	Start Date	Exp. Date
1460-01			\$91.11		01/20/2012	
Remarks						

Summary:

**Summary:**

Contract base rate charge for the 08/20/2017 to 09/19/2017 billing period  
Contract overage charge for the 07/20/2017 to 08/19/2017 overage period

\*\*See overage details below

\$50.00  
\$41.11 \*\*  
**\$91.11**

**Detail:****Equipment Included under this contract****Konica/BIZHUB C308**

Number	Serial Number	Base Adj.	Location						
04627	A7PY011000108	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	26,580 *	30,317		3,737	0	3,737	\$0.011000	\$41.11
COL	COLOR	11,859 *	11,022		0	0	0	\$0.066000	\$0.00
* Estimated meter reading									\$41.11

Remittance Address:  
Scott Baily Enterprises, Inc.  
11310 Industriplex Blvd  
Baton Rouge, La 70809

Invoice SubTotal	\$91.11
Tax:	\$9.11
Invoice Total	\$100.22
<b>Balance Due:</b>	<b>\$100.22</b>



**Scott Baily Enterprises, Inc.**

11310 Industriplex Blvd Baton Rouge, LA 70809

P: 225-753-2679 F: (225) 751-7128

**CONTRACT INVOICE**

Invoice Number: 145646

Invoice Date: 08/29/2017

Printing

**Bill To:** FAMILY VALUES RESOURCE INSTITUTE, INC  
N BR WOMEN'S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

**Customer:** FAMILY VALUES RESOURCE INSTITUTE, INC  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

Account No		Payment Terms	Due Date	Invoice Total		Balance Due
BR2929		Net 30 Days	09/28/2017	\$33.00		\$33.00
Contract Number	Contact		Contract Amount	P.O. Number	Start Date	Exp. Date
1461-01	BARBARA THOMAS 359-9001		\$30.00		01/20/2012	
Remarks						

**Summary:**

Contract base rate charge for the 08/20/2017 to 09/19/2017 billing period  
Contract overage charge for the 07/20/2017 to 08/19/2017 overage period

\$30.00

\$0.00\*\*

\*\*See overage details below

\$30.00

**Detail:****Equipment included under this contract****Muratec/2550**

Number	Serial Number	Base Adj.	Location						
03236	DC435090111024	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	36,298 *	36,959		661	1,500	0	\$0.020000	\$0.00
* Estimated meter reading									\$0.00

Remittance Address:  
Scott Baily Enterprises, Inc.  
11310 Industriplex Blvd  
Baton Rouge, La 70809

Invoice SubTotal	\$30.00
Tax:	\$3.00
Invoice Total	\$33.00
<b>Balance Due:</b>	<b>\$33.00</b>

Chase Online

Printing

BUSINESS CLASSIC (...8002)

Check Number: 4880

Post Date: 09/12/2017

Amount of Check: \$133.22

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families for Over 30 Years P.O. BOX 15403 Baton Rouge, LA 70814 225-299-1401		CHASE  BUSINESS JPMorgan Chase Bank, N.A. Member FDIC 84-114614	4880
PAY TO THE ORDER OF Scott Bely Enterprises		9/6/2017	
One Hundred Thirty-Three and 22/100		\$ 133.22	DOLLARS
MEMO Scott Bely Enterprises 11310 Industriplex Blvd Baton Rouge, LA 70809 United States		 BRIAN J. THOMAS	

#004880# @065400137#

Need help printing or saving this check?

For Deposit Only - JPMC

Need help printing or saving this check?

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DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

Copier lease \$196.90

1564056177 PRESORT 56177 1 AB 0.400 P1C218 <B>



FAMILY VALUES RESOURCE INSTITUTE INC  
ATTN AP  
PO BOX 74403  
BATON ROUGE LA 70874-4403

## REMITTANCE SECTION

Invoice Number: 55648861  
Due Date: 09/01/2017  
Due This Period: \$218.98

Amount Enclosed: \$

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000556488610000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25411981  
Invoice Number: 55648861  
Account Number: 1053937  
Site Number: 3849724  
Invoice Date: 08/06/2017  
Period of Performance: 08/01/2017-08/31/2017  
Due This Period: \$218.98

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

## IMPORTANT MESSAGES

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY01100010		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

## Contact Us

### Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry
- Questions regarding Insurance
- General Questions regarding your bill

### Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

### Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

\*Please provide your contract number

**IMPORTANT REMINDER:** Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website [www.lesseedirect.com](http://www.lesseedirect.com)

## Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

Copier Lease  
\$196.90

Chase Online

**BUSINESS CLASSIC (...8002)**

**Check Number: 4859      Post Date: 08/28/2017      Amount of Check: \$218.98**

20040859 1065400337

**Need help printing or saving this check?**

[illegible]

**Need help printing or saving this check?**

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Postage \$24.65

ISTROUMA  
5200 LONGFELLOW DR  
BATON ROUGE  
LA  
70805-2711  
2106300966  
08/15/2017 (800)275-8777 2:38 PM

Product Description	Sale Qty	Final Price
PM 1-Day (Domestic) (BATON ROUGE, LA 70804) (Weight:1 Lb 1.60 Oz) (Expected Delivery Day) (Wednesday 08/16/2017)	1	\$7.20
Certified (USPS Certified Mail #) (70170660000023099789)	1	\$3.35
Return Receipt (USPS Return Receipt #) (9590940216096053112035)	1	\$2.75

Total \$13.30

Credit Card Remitd \$13.30  
(Card Name:VISA)  
(Account #:XXXXXXXXXX8394)  
(Approval #:073815)  
(Transaction #:046)

Includes up to \$50 insurance

\*\*\*\*\*  
BRIGHTEN SOMEONE'S MAILBOX. Greeting  
cards available for purchase at select  
Post Offices.  
\*\*\*\*\*

Text your tracking number to 28777  
(2USPS) to get the latest status.  
Standard Message and Data rates may  
apply. You may also visit USPS.com  
USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of

ISTROUMA  
5200 LONGFELLOW DR  
BATON ROUGE  
LA  
70805-2711  
2106300966  
08/21/2017 (800)275-8777 2:03 PM

Product Description	Sale Qty	Final Price
PM 1-Day (Domestic) (BATON ROUGE, LA 70804) (Weight:0 Lb 2.60 Oz) (Expected Delivery Day) (Tuesday 08/22/2017)	1	\$6.65
Certified (USPS Certified Mail #) (70171450000032266167)	1	\$3.35
Return Receipt (USPS Return Receipt #) (9590940216096053111168)	1	\$2.75
Affixed Postage (Affixed Amount:\$1.40)	1	(\$1.40)

Total \$11.35

Credit Card Remitd \$11.35  
(Card Name:VISA)  
(Account #:XXXXXXXXXX8394)  
(Approval #:000315)  
(Transaction #:059)

Includes up to \$50 insurance

\*\*\*\*\*  
BRIGHTEN SOMEONE'S MAILBOX. Greeting  
cards available for purchase at select  
Post Offices.  
\*\*\*\*\*

Text your tracking number to 28777  
(2USPS) to get the latest status.  
Standard Message and Data rates may  
apply. You may also visit USPS.com  
USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of



(NOT FOR PAYMENTS)  
DEPARTMENT # 102430  
PO BOX 1259

OAKS, PA 19456

6400 0210 NO RP 05 08062017 NNNNNNYN 01 001174 0006

FAMILY VALUES RESOURCE INSTITUTE  
INC

7515 SCENIC HWY  
BATON ROUGE LA 70807-5447



August 05, 2017

Page 1 of 4

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)  
 866-272-5777

Account Number **001 5711 071045903**  
COX PIN 7515  
SERVICE ADDRESS 7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447



### ACCOUNT SUMMARY as of Aug 5, 2017

Previous Balance \$684.30

Payment Received - Aug 3 -\$684.30

**Remaining Previous Balance** \$0.00

### New Charges: Aug 5, 2017 - Sep 4, 2017

TV \$62.49

Internet \$115.00

Telephone \$264.75

Cox Toll Free \$5.00

Usage Charges(Phone) \$0.09

Taxes, Fees and Surcharges \$76.88

**New Charges** \$524.21

**Total Due By Aug 27, 2017** \$524.21

Telephone 250.00  
Internet 75.00



**Make Your Life Easier and GO GREEN!**

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

August 05, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE  
Account Number 001 5711 071045903  
Service at 7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447

**Total Due By Aug 27, 2017**

**\$524.21**

COX BUSINESS  
PO BOX 919243  
DALLAS TX 75391-9243



05711001182071045903050052421

**MONTHLY SERVICES Aug 5 - Sep 4**

**TV**

Digital Adapter	\$1.99
Cox Business TV Starter	18.00
Business TV Essential	35.00

**Other Fees and Surcharges**

Regional Sports Surcharge	\$3.50
Broadcast Surcharge	4.00

**Total TV \$62.49**

**INTERNET**

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
------------------------------	----------

**Total Internet \$115.00**

**TELEPHONE**

**225-355-2725**

VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group Hunting	0.00
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00

**225-355-2333**

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

**225-356-1101**

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

**Monthly Services cont.**

Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

VoiceManager Office Package 0.00

**225-357-6822**

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

**225-357-6880**

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

**225-359-9001**

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

**225-355-2742**

VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Utility Line 0.00

**Total Telephone \$264.75**

**COX TOLL FREE**



**Payment options**

**Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.

**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.





**Monthly Services cont.**  
855-696-2333

Cox Toll Free Svc - Switched	\$5.00
<b>Total Cox Toll Free</b>	<b>\$5.00</b>
<b>TOTAL MONTHLY SERVICES</b>	<b>\$447.24</b>

**USAGE CHARGES**

**Telephone Usage**

Usage for 225-355-2333	
Intrastate Long Distance	\$0.00
Usage for 225-357-6880	
Intrastate Long Distance (qty 2)	0.00
Interstate Cox LD - CB (qty 2)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 23)	0.00
Interstate Cox LD - CB (qty 4)	0.00
<b>Total Telephone Usage</b>	<b>\$0.00</b>

**Toll Free Usage**

Usage for 855-696-2333	
Interstate Toll Free - CB (qty 4)	\$0.05
Intrastate Toll Free - CB (qty 5)	0.04
<b>Total Toll Free Usage</b>	<b>\$0.09</b>

<b>TOTAL USAGE CHARGES</b>	<b>\$0.09</b>
----------------------------	---------------

**TAXES, FEES AND SURCHARGES**

**TV and/or Internet Taxes and Fees**

FCC Fee	\$0.09
Franchise Fee	3.42
PEG Access Fee	0.35
<b>Total TV and/or Internet Taxes and Fees</b>	<b>\$3.86</b>

**Telephone Taxes, Fees and Surcharges**  
**Taxes**

State Sales Tax	\$10.73
Federal Excise Tax	7.55
Interstate Telecomm Services	0.14
E-911 Tax (Commercial)	10.50
<b>Total Taxes</b>	<b>\$28.92</b>

**Fees and Surcharges**

Access Recovery Fee - Multi-Line	\$10.00
Public Utility Excise Tax	11.99
Telecommunications Tax for the Deaf	0.35
Carrier Cost Recovery Fee	0.67
Louisiana Universal Service Fund	4.08
Federal Universal Service Fund	17.01
<b>Total Fees and Surcharges</b>	<b>\$44.10</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$73.02</b>

<b>TOTAL TAXES, FEES AND SURCHARGES</b>	<b>\$76.88</b>
---	----------------

<b>TOTAL NEW CHARGES</b>	<b>\$524.21</b>
--------------------------	-----------------

**TELEPHONE USAGE DETAILS for 225-355-2333**

**Telephone Usage Details cont.**  
**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jul 13					
09:53A	LAFAYETTE ,LA	337-541-3333	:24	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>:24</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-357-6880**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jul 12					
10:14A	NEWORLEA ,LA	504-368-4455	6:12	DD/D	0.0000
Jul 25					
03:15P	CLINTON ,LA	225-244-1664	:12	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>6:24</b>		<b>\$0.00</b>

**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jul 19					
01:16P	HOUSTON ,TX	713-636-3343	:48	DD/D	0.0000
Jul 25					
03:09P	STAFFORD ,TX	832-987-8626	:06	DD/D	0.0000
<b>Total Interstate Long Distance</b>			<b>:54</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-359-9001**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jul 5					
02:29P	ALEXANDRI ,LA	318-442-8026	2:54	DD/D	0.0000
03:06P	ALEXANDRI ,LA	318-442-8026	1:30	DD/D	0.0000
Jul 6					
04:05P	NEWORLEA ,LA	504-561-8600	2:36	DD/D	0.0000
Jul 10					
11:53A	RUSTON ,LA	318-255-7377	5:36	DD/D	0.0000
02:31P	NEWORLEA ,LA	504-368-4455	2:06	DD/D	0.0000
02:34P	NEWORLEA ,LA	504-368-4455	1:06	DD/D	0.0000
02:38P	NEWORLEA ,LA	504-368-4455	:42	DD/D	0.0000
Jul 12					
10:54A	RUSTON ,LA	318-255-7377	2:18	DD/D	0.0000
10:58A	HOUMA ,LA	985-381-9108	2:12	DD/D	0.0000
10:58A	HOUMA ,LA	985-872-4994	:12	DD/D	0.0000
Jul 14					
02:02P	NEWORLEA ,LA	504-368-4455	2:18	DD/D	0.0000
Jul 19					
03:46P	LAFAYETTE ,LA	337-257-1894	1:30	DD/D	0.0000
Jul 20					
11:44A	ALBANY ,LA	225-532-8677	2:24	DD/D	0.0000
Jul 25					
10:40A	NEWORLEA ,LA	504-434-9195	:42	DD/D	0.0000
12:11P	NEWORLEA ,LA	504-518-1033	:18	DD/D	0.0000
12:12P	NEWORLEA ,LA	504-518-1033	:06	DD/D	0.0000
01:05P	KROTZ SPG ,LA	337-592-2295	1:00	DD/D	0.0000
Jul 31					
01:41P	SLIDELL ,LA	985-605-0549	37:48	DD/D	0.0000
02:26P	HAMMOND ,LA	985-542-0492	4:12	DD/D	0.0000
02:32P	SLIDELL ,LA	985-605-0549	3:54	DD/D	0.0000
Aug 1					
09:44A	NEW ROAD ,LA	225-718-5100	:18	DD/D	0.0000
10:52A	THIBODAUX,LA	985-446-5004	1:48	DD/D	0.0000
Aug 3					
09:57A	THIBODAUX,LA	985-446-5004	12:36	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>90:06</b>		<b>\$0.00</b>

**Interstate Long Distance**

### Telephone Usage Details cont.

Time	Place	Number	Min: Sec	Rate/Time	Amt
Jul 6					
09:10A	NATCHEZ ,MS	601-304-2107	:54	DD/D	0.0000
Jul 10					
01:55P	NATCHEZ ,MS	601-304-2107	:36	DD/D	0.0000
Jul 11					
02:29P	NATCHEZ ,MS	601-304-2107	:06	DD/D	0.0000
Jul 20					
12:01P	PLATTEVL ,WI	608-331-7097	:12	DD/D	0.0000
<b>Total Interstate Long Distance</b>			<b>1:48</b>		<b>\$0.00</b>

### TELEPHONE USAGE DETAILS for 855-696-2333

#### Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/Time	Amt
Jul 14					
08:55A	STAUGUSTIN,FL	904-599-1657	:18	DD/D	0.0150
Jul 19					
01:06P	MOBILE ,AL	251-508-0000	:12	DD/D	0.0100
01:07P	MOBILE ,AL	251-508-0000	:12	DD/D	0.0100
07:31P	MOBILE ,AL	251-508-0000	:12	DD/E	0.0100
<b>Total Interstate Toll Free</b>			<b>:54</b>		<b>\$0.05</b>

#### Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/Time	Amt
Jul 13					
01:03P	BATONROUG,LA	225-421-4624	:12	DD/D	0.0100
01:04P	BATONROUG,LA	225-421-4624	:12	DD/D	0.0100
Jul 18					
09:18A	BATONROUG,LA	225-938-4279	:12	DD/D	0.0100
Jul 20					
02:26P	BATONROUG,LA	225-960-9561	:06	DD/D	0.0050
Jul 21					
02:10P	BATONROUG,LA	225-221-3926	:06	DD/D	0.0050
<b>Total Intrastate Toll Free</b>			<b>:48</b>		<b>\$0.04</b>

#### Rate Codes

DD = Direct Dial

#### Time Codes

D = Day E = Evening

### Customer Information cont.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: [closedcaption@cox.com](mailto:closedcaption@cox.com).

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

#### 911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available.

Please review the following website for additional important information about Cox's 911 practices:

<http://www2.cox.com/business/voice/regulatory/cox>

#### Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit [www.donotcall.gov](http://www.donotcall.gov).

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: [www.lpsc.org/donotcall](http://www.lpsc.org/donotcall), or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

#### Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

### CUSTOMER INFORMATION

#### Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4858

Post Date: 08/28/2017

Amount of Check: \$524.21

Telephone 250.00  
Internet 75.00

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> <small>Serving Families For Over 20 Years P.O. Box 71400 NATION HEIGHTS, TX 75081 214-390-9001</small>		<b>CHASE BUSINESS</b> <small>Check # 4858</small>	<b>4858</b>
		<b>8/23/2017</b>	
<b>PAY TO THE ORDER OF</b>	<b>Cox Business</b>	<b>\$ 524.21</b>	
<b>Five Hundred Twenty-Four and 21/100</b>		<b>DOLLARS</b>	
<b>MEMO</b> TV, Internet, & Telephone Services			
<b>COX BUSINESS</b> P.O. Box 819243 Dallas TX 75391-9243			
<b>Need help printing or saving this check?</b>			

<b>JPMORGANCHASE BK NA</b>		<b>CR TO NMD</b>
<b>082817</b>	<b>&gt;6740000054</b>	<b>PAYEE ALL</b>
<b>37000001</b>	<b>0019243</b>	<b>RTS NSVD</b>
<b>00004000</b>	<b>021</b>	<b>0000000701231700</b>
<b>Need help printing or saving this check?</b>		

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234 Mountain Forest Trail  
Calera, AL 35040

Online Client  
Database

## Invoice

DATE	INVOICE #
8/31/2017	MB-16124

**BILL TO**

Louisiana Alliance for Life  
Family Values Resource Institute, Inc. ✓  
Post Office Box 74403  
Baton Rouge, LA 70874

**DUE DATE**

9/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
			<b>Total</b>	\$75.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$75.00

Phone #

888-746-6753

E-mail

mike@waycoolsw.com



234 Mountain Forest Trail  
Calera, AL 35040

Online Client  
Database

# Invoice

DATE	INVOICE #
8/31/2017 ✓	MB-16191

## BILL TO

Louisiana Alliance for Life  
Life Choices of North Central Louisiana ✓  
211 West Texas Avenue  
Ruston, LA 71270

				DUE DATE
				9/30/2017
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
Total				\$75.00
Payments/Credits				\$0.00
Balance Due				\$75.00

Phone #  
888-746-6753

E-mail  
mike@waycoolsw.com



234 Mountain Forest Trail  
Calera, AL 35040

Online Client  
Database

## Invoice

DATE	INVOICE #
8/31/2017	MB-16277

**BILL TO**

Louisiana Alliance for Life  
Pregnancy Problem Center✓  
4724 Jamestown Avenue  
Baton Rouge, LA 70808

**DUE DATE**

9/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	\$50.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$50.00

**Phone #**

888-746-6753

**E-mail**

mike@waycoolsw.com



234 Mountain Forest Trail  
Calera, AL 35040

Online Client  
Database

## Invoice

DATE	INVOICE #
8/31/2017 ✓	MB-16356

### BILL TO

Louisiana Alliance for Life  
Women's Center of Lafayette ✓  
1331 Jefferson Avenue  
Lafayette, LA 70501

DUE DATE

9/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	\$50.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$50.00

Phone #

888-746-6753

E-mail

mike@waycoolsw.com

Chase Online

## Online Client Database

BUSINESS CLASSIC (..8002)

Check Number: 4881

Post Date: 09/12/2017

Amount of Check: \$250.00

FAMILY VALUES RESOURCE INSTITUTE, INC Billed Payment of 30 Days P.O. Box 7403 6109 ROUSE, LA 70814 713 755 8001		CHASE BUSINESS Chase Bank N.A. 04/13/16	4881 09/12/2017
PAY TO THE ORDER OF WayCool Software, Inc.		\$ 250.00	
Two Hundred Fifty and 00/100		DOLLARS	
Way Cool Software, Inc. 234 Mountain Forest Trail Calera, AL 35040 United States		<i>Barbara Johnson</i> AUTHORIZED SIGNATURE	
MEMO			

⑈004881⑈ ⑈055400137⑈

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Invoice #'s

MB-10124	75.00
MB-10191	75.00
MB-10277	50.00
MB-14354	50.00



Description	Amount
Bookkeeping Services - 8/1/17 - 8/15/17 ✓	1,646.57
Total	\$1,646.57

Accounting / Bookkeeping \$1304.86

#### Pending Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
------	-----------------	------------------	-------------	-------	--------

#### Account Details

Nickname: Free Business Checking - 1380  
Account Number:  
Current Balance:  
Available Balance:  
As of Date: 09/14/2017  
Earning YTD:  
Last Year Interest:

#### Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
08/14/2017		ACH Debit	PAYROLL PAYCHEX INC.	\$1,646.57	

INVOICE #27

1175 Lakemont Dr.  
Baton Rouge, LA  
70816

Accounting / Bookkeeping  
\$1304.80

Date	Invoice #
8/30/2017	28

Bill To
Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services 8/16/17 - 8/30/17 ✓	1,646.57
Total	\$1,646.57

Accounting / Bookkeeping \$1304.86

#### Pending Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
------	-----------------	------------------	-------------	-------	--------

#### Account Details

Nickname: Free Business Checking - 1380  
Account Number:  
Current Balance:  
Available Balance:  
As of Date: 09/14/2017  
Earning YTD:  
Last Year Interest:

#### Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
08/29/2017		ACH Debit	PAYROLL PAYCHEX INC.	\$1,646.57	

Invoice # 28

Subcontractor Payments

# PAYROLL JOURNAL

(Prior to Processing)

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 300 1099 Life Choices of...(IC) 23 ✓	1099 Misc Comp				3,200.00		Direct Deposit # Unknown Check Amt 0.00 Chkg 3581 3,200.00 Net Pay 3,200.00
	EMPLOYEE TOTAL				3,200.00		Direct Deposit # Unknown Check Amt 0.00 Chkg 2289 2,200.00 Net Pay 2,200.00
	1099 Misc Comp				2,200.00		Direct Deposit # Unknown Check Amt 0.00 Chkg 9749 3,200.00 Net Pay 3,200.00
Womens Center o...(IC) 27 ✓	1099 Misc Comp				3,200.00		Direct Deposit # Unknown Check Amt 0.00 Chkg 8002 3,200.00 Net Pay 3,200.00
	EMPLOYEE TOTAL				3,200.00		Direct Deposit # Unknown Check Amt 0.00 Chkg 0051 2,400.00 Net Pay 2,400.00
	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
Womens Help Center (IC) 28 ✓	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	EMPLOYEE TOTAL				2,400.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
Womens New Life...(IC) 24 ✓	1099 Misc Comp				1,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	EMPLOYEE TOTAL				1,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
300 1099 TOTALS 5 Person(s) 5 Transaction(s)	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	EMPLOYEE TOTAL				2,400.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
COMPANY TOTALS 5 Person(s) 5 Transaction(s)	1099 Misc Comp				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	EMPLOYEE TOTAL				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
	COMPANY TOTAL				14,200.00		Check Amt 0.00 Dir Dep 14,200.00 Net Pay 14,200.00
(IC) = Independent Contractor							

# Subcontractor Payments

## Pending Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
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## Account Details

Nickname: Free Business Checking - 1380  
Account Number:  
Current Balance:  
Available Balance:  
As of Date: 09/14/2017  
Earning YTD: ---  
Last Year Interest:

## Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
09/13/2017		ACH Debit	PAYROLL PAYCHEX INC.	\$14,200.00	

August Subcontractor Payments



# LOUISIANA ALLIANCE FOR LIFE Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
Crossroads Pregnancy Resource Center Michele Beary 985-446-5004 (o) 985-859-9907 (c)			0.00
Life Choices of North Central Louisiana Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	9/5/17	327	\$3,200.00 ✓
Pregnancy Problem Center Frances Coleman 225-924-1400 (o)	8/31/17	156	\$2,200.00 ✓
Woman's New Life Center – Baton Rouge Allison Millet 225-218-4862 (o) 504-301-7573 (c)	9/1/17	7	\$1,200.00 ✓
Woman's New Life Center – Metairie Allison Millet 504-469-0212 (o) 504-301-7573 (c)	9/7/17	16	\$1,200.00 ✓
Women's Center of Lafayette Michela Camel 337-289-9366 (o)	9/8/17	377.5	\$3,200.00 ✓
Women's Help Center Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	9/6/17	362	\$3,200.00 ✓
>>>AUGUST 2017>>>			TOTAL Dollar Amount >>>>>>
			\$14,200.00

# LOUISIANA

Alliance for Life

## Monthly Report Approval

Month: AUGUST 2017

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	327	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$3,200.00

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

<b>SUBCONTRACTOR NAME:</b> Life Choices of North Central Louisiana	<b>PROGRAM NAME:</b> Louisiana Alliance for Life
<b>CONTACT NAME:</b> Kathleen Richard, LMSW	<b>PROGRAM LOCATION:</b> Ruston, LA
<b>PHONE NUMBER:</b> 318-255-7373	<b>SERVICES MONTH:</b> Aug 17 <b>DATE:</b> 9/5/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	15
New clients who took a pregnancy test and commit to full-term pregnancy	9
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education <i>counseling or informational sessions</i>	11
Male-Adoption Education	
Abortion Prevention Education <i>counseling or informational sessions</i>	11
Male-Abortion Prevention Edu.	
Abstinence Education <i>counseling or informational sessions</i>	10
Male-Abstinence Education	
Parenting Information <i>counseling or informational sessions</i>	40
Male-Parenting Information	6

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment	1	0.5	1
4 Food/Clothing		0	
5 Housing	1	0.5	1
6 Medicaid (NOT certified app. centers)	11	5.5	2
7 OB/GYN	13	6.5	9
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	10	5	7
14 WIC	9	4.5	4
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total TANF Eligible Clients	Other Services Points
Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>	42	84
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>	19	38
Follow Up - Pregnancy Decisions	10	20
Follow Up - Pregnancy Outcomes	18	36
<b>TOTAL SERVICES</b>	<b>237</b>	<b>24</b>
<b>TOTAL POINTS</b>	<b>102</b>	<b>201</b>

<b>TOTAL</b>	<b>261</b>
<b>327</b>	

### VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

<b>Subcontractor:</b> Life Choices of North	<b>Services Month:</b> August 2017	<b>Date:</b> 8/30/2017
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**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For*

<b>Date</b>	<b>Topic</b>	<b>Chart # or Total #of</b>	<b>Total #Male</b>
8/1/2017 @ 3:30	Newborn Care by Beth Foster	3	2
8/8/2017 @ 3:30	Emotionally Healthy Children, Vol. 1 by Amanda Russell	4	3
8/15/2017 @ 3:30	Safety at Home by Beth Foster	3	0
8/22/2017 @ 3:30	Post Partum Depression by Beth Foster	4	2
8/29/2017 @ 3:30	Happiest Baby on the Block by Amanda Russell	3	0
8/1/2017 @ 6:00	Prenatal Nutrition by Melinda Moore	10	4
8/8/2017 @ 6:00	Newborn Care by Sarah M Vay, MSN, RN	5	3
8/15/2017 @ 6:00	Post Partum Depression by Sarah McVay, MSN, RN	4	0
8/22/2017 @ 6:00	Positive Discipline by Sarah McVay, MSN, RN	4	3
8/28/2017 @ 6:00	Interview Techniques by Sarah McVay MSN, RN	2	2
<b>TOTALS</b>		<b>42</b>	<b>19</b>

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

<b>Subcontractor:</b> Life Choices of North Central La	<b>Services Month:</b> Aug-17	<b>Date:</b> 9/7/2017
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**COMMUNITY OUTREACH ACTIVITIES**  
*i.e. health fairs, speaking engagements, walks for life, etc.*

[illegible]

# LOUISIANA

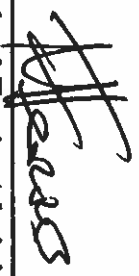
*Alliance for Life*

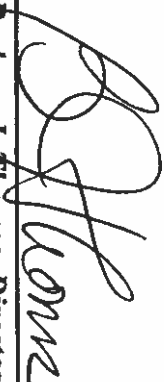
## Monthly Report Approval

Month:           AUGUST 2017          

Subcontractor:    Pregnancy Problem Center		
	Points	Dollar Amount
Client Service Points / Amount	156	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$2,200.00

APPROVED BY:

  
\_\_\_\_\_  
*Michael Ferris, Administrator*

  
\_\_\_\_\_  
*Barbara J. Thomas, Director*

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	FamilyLife Federation /Pregnancy Problem center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Frances Broussard	PROGRAM LOCATION:	Baton Rouge
PHONE NUMBER:	225-924-1400	SERVICES MONTH:	Aug-17
		DATE:	8/31/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	11
New clients who took a pregnancy test and commit to full-term pregnancy	8
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	11
Male-Adoption Education	2
Abortion Prevention Education counseling or informational sessions	11
Male-Abortion Prevention Edu.	2
Abstinence Education counseling or informational sessions	11
Male-Abstinence Education	2
Parenting Information counseling or informational sessions	10
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	1	0.5	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	8	4	7
7 OB/GYN	9	4.5	6
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling	1	0.5	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	11	5.5	1
14 WIC	10	5	7
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	14	28
Male Prenatal/Parenting Classes (#classes x total # participants)	2	4
Follow Up - Pregnancy Decisions	3	6
Follow Up - Pregnancy Outcomes	4	8
<b>TOTAL SERVICES</b>		
<b>TOTAL POINTS</b>	68	67

<b>TOTAL</b>	<b>0</b>
<b>TOTAL POINTS</b>	<b>156</b>

### VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	8/31/2017
Beginning Inventory	122
# Clients Served	10
Amount Distributed	20
Amount Remaining	102

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

<b>Subcontractor:</b> Pregnancy Problem Center	<b>Services Month:</b> August-17	<b>Date:</b> 8/31/2017
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<b>PARENTING/PRENATAL CLASSES</b> <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group &amp; individual)</i> <i>For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
<b>Date</b>	<b>Topic</b>	<b>Chart # or Total #of TANF Eligible Participants</b>	<b>Total #Male Partner/Spouse Participants</b>
8/1/2017	The First years Last Forever	1	
8/2/2017	Prenatal Nutrition 1.3	1	
8/1/2017	The First years Last Forever	1	
8/2/2017	The First years Last Forever	1	
8/2/2017	The First years Last Forever	1	
8/3/2017	Your Developing Baby 1.2	1	
8/8/2017	The First years Last Forever	1	
8/9/2017	The First years Last Forever	1	
8/28/2017	The First years Last Forever	1	
8/29/2017	The First years Last Forever	1	1
8/1/2017	Eating For Two 1.3	1	
8/29/2017	The First years Last Forever	1	
8/21/2017	Labor 101 11.1	1	
8/7/2017	Eating For Two 1.3	1	1
		14	2

# LOUISIANA


Alliance for Life

## Monthly Report Approval

Month: AUGUST 2017

Subcontractor: Woman's New Life - Baton Rouge		
	Points	Dollar Amount
Client Service Points / Amount	7	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:

  
Michael Fertis, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Woman's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Maureen Lavastida	LOCATION:	Baton Rouge
PHONE NUMBER:	225-663-6470	SERVICES MONTH:	Aug-17
		DATE:	9/1/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	1
7 OB/GYN		0	2
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC		0	1
15 Public Assistance		0	1

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions	1	2
Follow Up - Pregnancy Outcomes		0
<b>TOTAL SERVICES</b>	<b>1</b>	<b>5</b>
<b>TOTAL POINTS</b>	<b>0</b>	<b>2</b>

**TOTAL**

**6**

**7**

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200



# LOUISIANA


## Alliance for Life

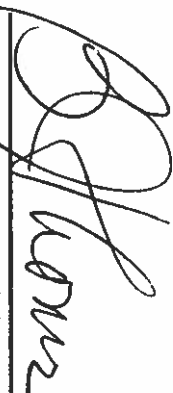
### Monthly Report Approval

Month:           AUGUST 2017          

Subcontractor: <b>Woman's New Life - Metairie</b>		
	Points	Dollar Amount
Client Service Points / Amount	16	\$1,200.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$1,200.00</b>

APPROVED BY:

  
\_\_\_\_\_  
*Michael Ferris, Administrator*

  
\_\_\_\_\_  
*Barbara J. Thomas, Director*

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Woman's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Allison Millet	PROGRAM LOCATION:	Metaline
PHONE NUMBER:	504-496-0212	SERVICES MONTH:	August 9/7/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	2
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	2
Male-Abstinence Education	
Parenting Information counseling or informational sessions	2
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	1	0.5	1
7 OB/GYN	1	0.5	1
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	2	1	
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions	1	2
Follow Up - Pregnancy Outcomes	1	2
<b>TOTAL SERVICES</b>	<b>14</b>	<b>2</b>
<b>TOTAL POINTS</b>	<b>8</b>	<b>6</b>

**TOTAL**

**16**

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

# LOUISIANA

Alliance for Life

## Monthly Report Approval

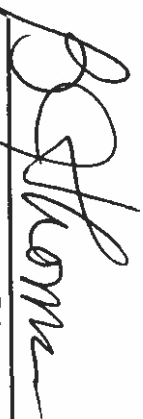
Month: AUGUST 2017

Subcontractor: Women's Center of Lafayette		
	Points	Dollar Amount
Client Service Points / Amount	377.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	The Women's Center of Lafayette	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Leorella Path	PROGRAM LOCATION:	1831 Jefferson St Lafayette, LA
PHONE NUMBER:	337-289-9366	SERVICES MONTH:	August
		DATE:	8/31/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	39
New clients who took a pregnancy test and commit to full-term pregnancy	23
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	26
Male-Adoption Education	10
Abortion Prevention Education counseling or informational sessions	10
Male-Abortion Prevention Edu.	2
Abstinence Education counseling or informational sessions	29
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	24
Male-Parenting Information	8

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	0	0
2 Adult Education/GED	0	0	0
3 Employment	0	0	0
4 Food/Clothing	20	10	18
5 Housing	3	1.5	1
6 Medicaid (NOT certified app. centers)	9	4.5	4
7 OB/GYN	15	7.5	6
8 PreMarital/Marriage Counseling	6	3	0
9 Professional Counseling	7	3.5	0
10 Rape Crisis Center	0	0	0
11 Rent/Utilities	0	0	0
12 SNAP/FITAP	15	7.5	1
13 STD/HIV Testing	30	15	0
14 WIC	22	11	5
15 Public Assistance	0	0	0

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	9	18	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	36	72	
Follow Up - Pregnancy Outcomes	6	12	
<b>TOTAL SERVICES</b>	<b>354</b>		<b>35</b>
<b>TOTAL POINTS</b>	<b>175</b>	<b>167.5</b>	<b>35</b>

**TOTAL**

**389**

**377.5**

### VITAMIN ANGELS INVENTORY

**MUST BE COMPLETED MONTHLY**

Date	8/30/2017
Beginning Inventory	114
# Clients Served	29
Amount Distributed	58
Amount Remaining	56

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

<b>Subcontractor:</b> The Womens Center of Lafayette	<b>Services Month:</b> August.17	<b>Date:</b> 30-Aug-17
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**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
 For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
8/4/2017	Budgeting	9	1
<b>TOTALS</b>		9	1

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

<b>Subcontractor:</b> The Womens Center of Lafayette	<b>Services Month:</b> August	<b>Date:</b> 8/31/2017
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## COMMUNITY OUTREACH ACTIVITIES

***i.e. health fairs, speaking engagements, walks for life, etc.***

[illegible]

# LOUISIANA

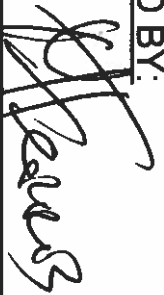
*Alliance for Life*

## Monthly Report Approval

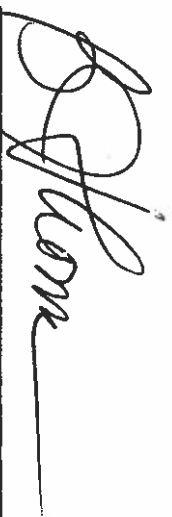
Month:           AUGUST 2017          

Subcontractor: Women's Help Center		
	Points	Dollar Amount
Client Service Points / Amount	362	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$3,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME:	Louisiana Alliance for Life		
CONTACT NAME:	Pat Brown	PROGRAM LOCATION:	Baton Rouge		
PHONE NUMBER:	225-359-9001	SERVICES MONTH:	Aug-17	DATE:	9/6/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	25
New clients who took a pregnancy test and commit to full-term pregnancy	23
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	24
Male-Adoption Education	5
Abortion Prevention Education counseling or informational sessions	25
Male-Abortion Prevention Edu.	27
Abstinence Education counseling or informational sessions	20
Male-Abstinence Education	4
Parenting information counseling or informational sessions	20
Male-Parenting Information	3

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	2	1	2
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	20	10	12
8 PreMarital/Marriage Counseling	3	1.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	1	0.5	1
13 STD/HIV Testing	19	9.5	11
14 WIC	18	9	11
15 Public Assistance	1	0.5	1
OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	35	70	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	8	16	
Follow Up - Pregnancy Outcomes	15	30	
<b>TOTAL SERVICES</b>	<b>298</b>	<b>38</b>	<b>336</b>
<b>TOTAL POINTS</b>	<b>176</b>	<b>148</b>	<b>362</b>

### VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200



**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor: Women's Help Center

Services Month: 1-Aug

Date: 7-Sep-17

**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
 For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total #Male Partner/Spouse Participants
8/2/2017	Prenatal Care 1.2	17-12483	
8/2/2017	Eating for Two 1.3	17-12483	
8/9/2017	What's Safe What's Not	17-12483	
8/16/2017	Your Developing Baby 1.5	17-12483	
8/16/2017	Your Changing Body 2.0	17-12483	
8/23/2017	Second Trimester 3.1	17-12483	
8/21/2017	Second Trimester 3.1	17-12521	
8/24/2017	Prenatal Care 1.2	17-12521	
8/24/2017	Eating for Two 1.3	17-12521	
8/28/2017	What's Safe What's Not	17-12521	
8/16/2017	Second Trimester 3.1	17-12460	
8/28/2017	Sids 3.4	17-12460	
8/28/2017	Shaken Baby Syndrome 8.5	17-12460	
8/15/2017	Second Trimester 3.1	14-11312	
8/23/2017	Prenatal Care 1.2	14-11312	
8/23/2017	Eating for Two 1.3	14-11312	
<b>TOTALS</b>			

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor: Women's Help Center	Services Month: 1-Aug	Date: 7-Sep-17
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**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
8/1/2017	Prenatal Care 1.2	17-12501	
8/1/2017	Eating for Two 1.3	17-12501	
8/8/2017	Caring for Yourself 5.4	17-12488	
8/17/2017	Third Trimester 4.1	17-12488	
8/24/2017	Labor 11.1	17-12488	
8/24/2017	Labor 11.2	17-12488	
8/24/2017	Labor 11.3	17-12488	
8/28/2017	Your Healthy Baby 9.2	17-12488	
8/28/2017	Breastfeeding 10.1	17-12488	
8/15/2017	Second Trimester	14-11312	
8/23/2017	Prenatal Care 1.2	14-11312	
8/23/2017	Eating for Two 1.3	14-11312	
8/28/2017	Second Trimester	17-12520	
<b>TOTALS</b>			

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

**Subcontractor:** Women's Help Center

**Services Month:** 1-Aug

**Date:** September 7/2017

**PARENTING/PRENATAL CLASSES**

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
 For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
8/9/2017	What's Safe What's Not 2.3	17-11242	
8/15/2017	Your Developing Baby 1.5	17-11242	
8/15/2017	Changing Body 2.5	17-11242	
8/23/2017	Second Trimester 3.1	17-11242	
8/28//17	Sids 3.4	17-11242	
8/28/2017	Shaken Baby Syndorne	17-11242	
<b>TOTALS</b>			

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2

Baton Rouge, LA 70816

# Invoice

Date	Invoice #
9/6/2017	69

<b>Bill To</b>
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for August 2017: * Scheduled several appointments with Sarah of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to Sarah's emails	800.00	800.00
		<b>Total</b>	\$800.00

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2

Baton Rouge, LA 70816

# Invoice

Date	Invoice #
9/6/2017	70

**Bill To**

FVRI

7515 Scenic Highway

Baton Rouge, LA 70807




P.O. No.

Terms

Project

Quantity	Description	Rate	Amount
	Evaluation Activities for August 2017 •Requested data from subcontractors and reminded them of deadline. •Reminded subcontractors to complete the client service forms. •Responded to subcontractors' emails. •Responded to subcontractors telephone calls. •Checked for subcontractors' data on database. •Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report. •Entered data on TANF database. •Called Barbara Thomas that data had been entered on TANF database. •Emailed and called Michael Ferris that data was complete and ready for approval. •Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	900.00	900.00
		<b>Total</b>	\$900.00

PUBLIC RELATIONS \$800.00  
Evaluation \$900.00

		<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403		<small>WHITNEY BANK</small> <small>Member FDIC / whitneybank.com</small>		1554 <small>84-15554</small>	
				9/12/2017			
<b>PAY TO THE ORDER OF</b>		Resource & Fund Development, LLC				\$ **1,700.00	
		One Thousand Seven Hundred and 00/100*****				DOLLARS <input type="checkbox"/>	
<b>MEMO</b>		RAFD, LLC Sharon McCall 5525 Superior Drive Suite C-2 Baton Rouge, LA 70816		 AUTHORIZED SIGNATURE			
		⑈001554⑈ ⑈065400153⑈					

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RAFD, LLC

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INVOICE #: 2017-08

INVOICE DATE: 8/25/2017

004

lakiesha70812@cox.net

Billed To: Family Values Resource Institute, Inc.  
7515 Scenic Hwy  
Baton Rouge, LA 70807

Date	Description	AMOUNT
	Janitorial Services for 07/07/2017-07/28/2017	
	Dates Cleaned:	
8/4/2017	sweep,dust,mop,vaccum,clean bathrooms,wipe tables in classrooms,clean microwave,empty trash	189.25
8/11/2017	sweep,clean bathrooms,wipe tables in classrooms clean microwave,wipe chairs in lobby,wipe window seals,empty trash,vaccum	189.25
8/18/2017	sweep,dust,mop,vaccum,clean bathrooms,wipe tables in classrooms,clean microwave,empty trash	189.25
8/25/2017	sweep,clean microwave,dust,clean bathrooms dust baseboards in hallway,mop,vaccum,empty trash,wipe tables in classrooms	189.25
TOTAL		\$ 757.00

Lakiesha Denno  
SIGNATURE

Maintenance - Sanitorial

**Check Number: 4878      Post Date: 09/11/2017      Amount of Check: \$757.00**

00048780 10654001371

*Sedona* (end)

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Paychex of New York LLC  
4324 South Sherwood Forest Blvd Suite 125  
Baton Rouge LA 70816

Client # 0060 0060-T846  
Invoice # 2017083100

**AUTOMATIC PAYMENT \$234.18**

This amount will be deducted from the following bank account at or after 12:01 A.M on 9/11/17.

XXXX0000

**ADDRESS SERVICE REQUESTED**

0060 0060-T846  
Family Values Resource Institute Inc  
Institute Inc  
Po Box 74403  
Baton Rouge, Louisiana 70874-4403

*Electronic Payroll Processing Fees \$211.84*

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2017072700 Due 08/10/17				307.84
Payment Received - Thank You				-307.84
Balance Forward				0.00
Total New Charges				234.18
<b>Account Balance</b> (Includes Balance Forward, New Charges, and Pending Automatic Payments)				<b>234.18</b>

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
08/14/17	Payroll/Taxpay®	08/10/17	5	55.46
08/15/17	Payroll/Taxpay®	08/10/17	8	71.26
	Direct Deposit		8	20.60
08/30/17	Payroll/Taxpay®	08/28/17	8	66.26
	Direct Deposit		8	20.60
Total New Charges				234.18
<b>Automatic Payment</b> (Includes New Charges and applicable credits from Balance Forward above)				<b>234.18</b>
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

# Electronic Payroll Processing Fees

## Pending Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
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## Account Details

Nickname: Community Resource Checking - 0000  
Account Number:  
Current Balance:  
Available Balance:  
As of Date: 09/14/2017  
Earning YTD:  
Last Year Interest:

## Posted Transactions

Date	Check Number	Transaction Type	Description	Debit	Credit
09/11/2017		ACH Debit	INVOICE PAYCHEX EIB	\$234.18	

INV. # 2017083100